



MISSOURI OFFICE OF ATHLETE AGENTS  
3605 MISSOURI BOULEVARD  
P.O. BOX 1335  
JEFFERSON CITY, MO 65102  
(573) 751-0243  
FAX: (573) 751-5649

## Application for Athlete Agent Registration

\* Registration is valid for two years. This license will expire on June 30 of odd numbered years.  
\* Attach two (2) recent photos to this application.

DATE

REGISTRATION NO.

### FEES

Application Fee: \$500.00  
State Criminal Records Check: \$ 14.00  
Federal Criminal Records Check: \$ 24.00  
**Total:** \$538.00

### READ INSTRUCTIONS CAREFULLY

Payment must be by check or money order made payable to  
Missouri Office of Athlete Agents.

### EACH APPLICANT SHOULD ANSWER THE FOLLOWING (Please type or print clearly)

NAME OF APPLICANT

HOME ADDRESS

CITY

STATE

ZIP CODE

BUSINESS ADDRESS

NAME OF BUSINESS/EMPLOYER

CITY

STATE

ZIP CODE

HOME TELEPHONE NO.

WORK TELEPHONE NO.

FAX NO.

SOCIAL SECURITY NO.

DRIVER'S LICENSE (State and No.)

DATE OF BIRTH

CITY, STATE, COUNTRY OF BIRTH

E-MAIL ADDRESS

### APPLICANT'S HISTORY (Attach additional sheets if necessary)

A. Please include the names and addresses of all persons who are the partners, officers, associates or profit-sharers of your athlete agent's business, if not a corporation, or the officers, directors and any shareholder with a five percent or greater interest of your athlete agent's business, if a corporation, business trust, estate trust, partnership, limited liability company, association or joint venture.

NAME

ADDRESS

B. Are you currently registered in any state to act as an Athlete Agent?

☐ Yes ☐ No If Yes, list states: \_\_\_\_\_

C. Have you ever been denied any type of registration as an Athlete Agent in any state?

☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

D. Are you certified as an Athlete Agent with any professional sports organizations?

☐ Yes      ☐ No      If Yes, list organizations: \_\_\_\_\_  
\_\_\_\_\_

E. Have you ever been denied registration or had your registration suspended or revoked by any sports organization?

☐ Yes      ☐ No      If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

F. Have you or any other person named in Item A engaged in conduct that resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete, educational institution or professional sports team?

☐ Yes      ☐ No      If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

G. For the past five years, please list any/all businesses or occupations you have engaged in:


H. Please describe your formal athlete agent training, practical experience as an athlete agent, and educational background relating to your activities as an athlete agent.


I. Include the names, addresses and telephone numbers of three unrelated references.

NAME	ADDRESS	TELEPHONE NUMBER

J. Please include the name, sport and last known team of each individual for which you have provided services to as an athlete agent during the five years immediately preceding the date of this application.

NAME	SPORT	TEAM

K. Have you or any other person named in Item A been convicted or found guilty, pleaded guilty or entered a plea of nolo contendere of any felony offense, including any crime that, if committed in Missouri, would be a felony or other crime involving moral turpitude?

☐ Yes      ☐ No      If Yes, explain and please list date, jurisdiction (State and County), crime/offense, case number, disposition and all other relevant information on attached sheets:  
\_\_\_\_\_  
\_\_\_\_\_

<p>L. Please include any information on whether there has been any administrative or judicial determination that you or any other person named in this application pursuant to Item A has made a false, misleading, deceptive or fraudulent representation</p>  	
<p>M. Have any sanctions, suspensions or disciplinary actions been taken against the applicant or any other person named under Item A arising out of occupational or professional conduct?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      If Yes, explain: _____</p> 	
<p>N. Currently, is there pending against you in any jurisdiction a complaint against your professional conduct or competence as an Athletic Agent?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      If Yes, explain: _____</p> 	
<p>I understand that it is my duty and responsibility as an applicant for registration to supplement my application after it has been submitted if and when any material change in circumstances or conditions occurs which might affect the Office of Athlete Agent's decision concerning my eligibility for registration. Failure to do so may result in disciplinary action by the Office of Athlete Agents including denial of registration.</p> <ul style="list-style-type: none"> <li>• I understand that all application fees are non-refundable.</li> </ul> <p>I certify (or declare) under penalty of perjury, that I have read the foregoing application for registration, and that all answers given are my own; that all the answers are true of my knowledge; further, I understand and agree that any misstatement of a material fact in this application will constitute grounds for revoking this registration.</p>	
<p>APPLICANT'S SIGNATURE</p>  	<p>DATE</p>  

### **Social Security Number Disclosure Notice**

**You must provide your social security number pursuant to state and federal law**

**If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.**

Pursuant to state and federal laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity or hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license against you in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

### **HB 600**

Effective July 1, 2003, all persons and business entities applying for or renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your registration will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003) and HB 978 (2004) and signed into law. If you have any concerns, please contact the Department of Revenue at 573-751-7200.

[illegible]